Hawaii Early And Periodic, Screening, Diagnosis, and Treatment (EPSDT) IMMUNIZATION CATCH UP & FOLLOW-UP FORM

Please fill in this form by supplying the requested information and filling in the appropriate O for the areas covered by today's visit

The DHS 8016 form should be used to document the completion of any screening(s) and/or immunization(s) that were attempted and not done during a comprehensive EPSDT Screening visit (8015 document). In addition, the 8016 must be used to document any immunization or screening not captured on the 8015, or not associated with a comprehensive EPSDT screening visit.

PATIENT INFORMATION

Screen Date (MMDDYY)	Name (Last, First, Middle Initial)

Medicaid/QUEST ID	Birthdate (MMDDYY)	Sex
0 0		M O F O

IMMUNIZATIONS GIVEN TODAY AND STATUS

HepB	O	PCV	O	MMR	O	Tdap	O	DTaP	O	Rotav	O	Varicella	O	MCV4/MPSV4	O
IPV	O	Influenza	O	HepA	O	HPV	O	Hib	O	Other (List)					O

Comments:

SCREENING DONE TODAY

		Normal	Abnormal
Vision Screening: Snellen, Allen, Tumbling Es, LEA Symbols 3y, 4y, 5y, 6y, 8y, 10y, 12y, 14y-16y, 18y		O	O
Hearing Screening: Audiometry (20-25 db screen) 4y, 5y, 6y, 8y, 10y		O	O
Dev: PEDS/ASQ *(see back) 9m, 18m, 24m - 36m (3 screenings required by 36 months)	PEDS: ≥ 2 predictive concerns = Abnormal ASQ: ≥ 1 domain falling below normal cut-offs = Abnormal Other (list)	O	O
Autism: CHAT, M-CHAT *(see back) 18m, 24m	Fail = Abnormal Other (list)	O	O

REFERRALS MADE TODAY

By leaving this section blank, I am confirming that there are no referral needs.

Already referred or receiving state or specialty services.	O	H-KISS	O	PHN	O			CAMHD	O	WIC	O
Patient/parent refused.	O	PT/OT/Speech/Audiology	O	DOE	O	DDD	O	Child Welfare	O	Dentistry	O
Behavioral Health/Substance Abuse (List)	O			Nutrition/Exercise (List)	O						
Medical/Surgical/Developmental (List)	O			Other(s) (List)	O						

CARE COORDINATION ASSISTANCE NEEDED

Please call patient's Health Plan for Care Coordination assistance if needed.

Phone Numbers						
	AlohaCare	808-973-1650 (Oahu) 1-800-434-1002 (Toll Free)	Kaiser QUEST	808-432-5330 (Oahu) 1-800-651-2237 (Toll Free)	CCMC Dental Resource	808-486-8030 (Oahu) 1-866-486-8030 (Toll Free)
	HMSA QUEST	808-948-6486 (Oahu) 1-800-440-0640 (Toll Free)	Ohana Health Plan	1-888-846-4262	UnitedHealthcare	1-888-980-8728

Comments:

Provider Name (Print)	Signature	NPI #

For additional forms, contact ACS at 808-952-5570 (Oahu) or 800-235-4378 (Toll Free).